DEPARTMENT OF FINANCE & ADMINISTRATION
Agency/Department

Travel Expense Reconciliation

Traveler:	Sponsored Business Travel Card Number:
Official Station:	Total Credit Card Receipts Enclosed:

Date	Travel Reimbursement (TR-1) Claim					Direct Billing or Credit Card Purchases*			Total Daily Expenses
20____ Mo. Day	Name of Town Visited	Meals	Lodging	Other Travel Expense	Total	Expense Item	D C	Total	
					$0.00			$0.00	$0.00
					$0.00			$0.00	$0.00
					$0.00			$0.00	$0.00
					$0.00			$0.00	$0.00
					$0.00			$0.00	$0.00
					$0.00			$0.00	$0.00
					$0.00			$0.00	$0.00
					$0.00			$0.00	$0.00
					$0.00			$0.00	$0.00
					$0.00			$0.00	$0.00
					$0.00			$0.00	$0.00
					$0.00			$0.00	$0.00
					$0.00			$0.00	$0.00
				Total TR-1 Claim	$0.00		**Total Charged**		$0.00

Signature of Traveler	Date	Approved by Travel Supervisor or Administrator	Date
Title:			

Department/Agency	*Please indicate which type payment applies to each entry by inserting a D (Direct Pay) or C (Credit Card Charge) in the appropriate column. Expense items: Lodging, Transportation, Registration, Car Rental,*